

REMARKS

Claims 1-20 were originally filed in the present application.

Claims 1-20 were previously cancelled.

Claims 21-40 were previously added in the present application.

Claims 21-40 are pending in the present application.

Claims 21, 29 and 37 were rejected in the September 21, 2005 Office Action.

Claims 22-28, 30-36 and 38-40 were objected to in the September 21, 2005 Office Action.

No claims have been allowed.

Claims 21, 23, 26, 29, 31, 37 and 39 are amended herein.

Claims 22, 30 and 38 are canceled herein.

Claims 21, 23-29, 31-37, 39 and 40 remain in the present application.

Reconsideration of Claims 21, 23-29, 31-37, 39 and 40 respectfully requested.

The Applicant thanks the Examiner for the indication that Claims 22-28, 30-36 and 38-40 would be allowable if rewritten in independent form including all the limitations of the base claim and any intervening claims. In response, the Applicant has amended independent Claims 21, 29 and 37 to recite the limitations previously recited in Claims 22, 30 and 38. The Applicant respectfully submits that independent Claims 21, 29 and 37 are thus in condition for allowance. Claims 23, 26, 31 and 39 have been amended solely to provide correct antecedent basis. Because Claims 23-28, 31-36 and 39-40 depend from Claims 21, 29 and 37, respectively, Claims 23-28, 31-36 and 39-40 are also in condition for allowance.

SUMMARY

For the reasons given above, the Applicant respectfully requests reconsideration and allowance of pending claims and that this Application be passed to issue. If any outstanding issues remain, or if the Examiner has any further suggestions for expediting allowance of this Application, the Applicant respectfully invites the Examiner to contact the undersigned at the telephone number indicated below or at *jmockler@davismunck.com*.

The Commissioner is hereby authorized to charge any additional fees connected with this communication or credit any overpayment to Deposit Account No. 50-0208.


Respectfully submitted,

DAVIS MUNCK, P.C.

Date: _____

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